

<b>36. REMARKS</b>	
<b>37. POINT OF CONTACT (MUST be completed)</b>	
a. PERSON SUBMITTING REPORT ( <i>Last Name, First, Middle Initial</i> )	b. ORGANIZATION
c. OFFICE SYMBOL OR DELIVERY CODE	d. TELEPHONE NUMBER ( <i>Specify AUTOVON or Commercial</i> )
e. AUTODIN MESSAGE PLAIN LANGUAGE ADDRESS (PLA) TO INCLUDE OFFICE SYMBOL OR CODE ( <i>As outlined in USMCEB Pub. No. 6/DA Pamphlet 25-11 / USN PLAD 1/AFR 700-31, Joint DoD Plain Language Address Directory - issued and updated quarterly</i> )	
f. AUTODIN ROUTING INDICATOR	
g. ORGANIZATION MAILING ADDRESS ( <i>Include Zip Code</i> )	

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